FY 2012 CHAPTER 59 ASSET FORFEITURE REPORT BY LAW ENFORCEMENT AGENCY

Nam			Reporting Period: (local fiscal year)		
Head	e of Ago l (Chief, iff etc.) ited)		xample:	01/01/12 to 12/31/12, 09/01/11 to 08/31/12 etc.	
Ager Addı	ncy Mail	ling			
Phor	ie Numb	per:			
Cour	nty:				
Email Address:			This should be a sermanent agency mail address		
NOTE	: PLEA	SE ROUND ALL DOLLAR FIGURES TO NEAREST WHOLE	DOLLAR.		
I.		SEIZED FUNDS (Funds that have been seized, but have not yet your agency by the judicial system)	been awarded to		
	A) Beginning Balance: Instructions: Include total amount of seized funds on hand (in your agency's postat beginning of reporting period. Include funds that may have been forfeited but been transferred to your agency's forfeiture account. Do not include funds that				
	B)	account held by another agency, e.g., the District Attorney's accoun Ending Balance:	t.	\$	
	,	Instructions: Include total amount of seized funds on hand (in your at end of reporting period. Do not include funds that are in an accagency, e.g. the District Attorney's account.	s		
II.		FORFEITED FUNDS (Funds awarded to your agency by the ju	udicial system)		
	A)	Beginning Balance: Instructions: Include total amount of forfeited funds that have b agency and are on hand (in your agency's account or in your agency beginning of the reporting period including interest. Do not include forfeited but not yet received by your agency.	cy's possession) at the	\$	
	B)	Ending Balance: Instructions: Include total amount of forfeited funds that have b agency and are on hand (in your agency's account or in your agency end of the reporting period including interest. Do not include forfeited but not yet received by your agency.	cy's possession) at the	s	

Form date 01/18/12 Page 1

SEIZURES DURING REPORTING PERIOD

III.

	A)	Funds: Instructions: Include only those seizures which occurred during the reporting perior where the seizure affidavit required by Article 59.03 is sworn to by a peace of employed by your agency. (e.g. seizing officer's affidavit).			
		1) Amount seized and retained in your agency's custody:		\$	
		2) Amount seized and transferred to the District Attorney pending forfeiture:		\$	
	B)	Property: Instructions: List the number of items seized for the following categories. Include those seizures where a seizure is made by a peace officer employed by your agency			
Please note - this should be a number not a currency amount. Example 4 cars seized, 3 cars forfeited.					FORFEITED TO AGENCY
1) MO	TOR Y	VEHICLES (Include cars, motorcycles, tractor trailers, etc.)			
2) RE	AL PR	OPERTY (Count each parcel seized as one item)			
		ERS (Include computer and attached system components, such as printers and one item)			
4) FIREARMS (Include only firearms seized for forfeiture under Chapter 59. Do not include weapons disposed under Chapter 18.)					
5) Oth	er Prop	erty - Description:			
6) Oth	er Prop	erty -Description:			
7) Oth	er Prop	erty -Description:			
IV. FORFEITED FUNDS RECEIVED DURING REPORTING PERIOD					
		Amount Forfeited to and Received by Reporting Agency (Including Interest) Dur Reporting Period: Instructions: Do not include amounts forfeited but not yet received by your ager interest refers to the amount earned prior to forfeiture and distributed as part of judgment of forfeiture.	ncy;	\$	
V.		FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY Instructions: Enter the total number of items transferred to your agency where forfeiture judgment awarded ownership of the property to another agency prio the transfer.			
	A)	Motor Vehicles (the number of vehicles, not a currency amount):			
	B)	Real Property (the number of separate parcels of property, not a currency amou	nt):		
	C)	Computers (the number of computers, not a currency amount):			
	D)	Firearms (the number of firearms, not a currency amount):			

VI. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY

Other (the number of items, not a currency amount):

E)

Instructions: Enter the total number of items transferred or loaned from your agency where the forfeiture judgment awarded ownership of the property to your agency prior to the transfer.

	A) Motor Vehicles (the number of vehicles, not a currency amount):			
	Real Property (the number of separate parcels of property, not a currency amount:			
	C) Computers (the number of computers, not a currency amount):			
	D) Firearms (the number of firearms, not a currency amount):			
	E)		Other (the number of items, not a currency amount):	
VII.			EXPENDITURES Instructions: This category is for Chapter 59 expenditures SOLELY for law enforcement purposes - not for expenditures made pursuant to your general budget. List the total amount expended for each of the following categories. If proceeds are expended for a category not listed, state the amount and nature of the expenditure under the Other category.	
	A)		SALARIES	
		1.	Increase of Salary, Expense, or Allowance for Employees (Salary Supplements):	\$
		2.	Salary Budgeted Solely From Forfeited Funds:	\$
		3.	Number of Employees Paid Using Forfeiture Funds:	
			TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:	\$
	B)		OVERTIME	
		1.	For Employees Budgeted by Governing Body:	\$
		2.	For Employees Budgeted Solely out of Forfeiture Funds:	\$
		3.	Number of Employees Paid Using Forfeiture Funds:	•
			TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:	\$
	C)		EQUIPMENT	
		1.	Vehicles:	\$
		2.	Computers:	\$ •
		3.	Firearms, Vests, Personal Equipment:	\$
		4.	Furniture:	\$
		5.	Software:	\$
		6.	Maintenance Costs:	\$
		7.	Uniforms:	\$
		8.	K9 Related Costs:	\$
		9.	Other (Provide Detail on Additional Sheet):	\$
			TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:	\$

D)		SUPPLIES		
	1.	Office Supplies:	\$	
	2.	Cellular Air Time :	\$	
	3.	Internet:	\$	
	4.	Other (Provide Detail on Additional Sheet):	\$	
		TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:		\$
E)		TRAVEL		
	1.	In State Travel		
		a) Transportation:	\$	
		b) Meals & Lodging:	\$	
		c) Mileage:	\$	
		d) Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$	
		Total In State Travel	\$	
				•
	2.	Out of State Travel	ı	•
		a) Transportation:	\$	•
		b) Meals & Lodging:	\$	•
		c) Mileage:	\$	•
		d) Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$	<u>.</u>
		Total Out of State Travel	\$	<u>.</u>
		TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS:		
			ı	
F)		TRAINING		
	1.	Fees (Conferences, Seminars):	\$	
	2.	Materials (Books, CDs, Videos, etc.):	\$	
	3.	Other (Provide Detail on Additional Sheet):	\$	
		TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS		\$
			Ī	
G)		INVESTIGATIVE COSTS		
-,	1.	Informant Costs:	\$	
	2.	Buy Money:	\$	•
	3.	Lab Expenses:	\$	•

	4.	Other (Provide Detail on Additional Sheet):	\$	_
		TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:		\$
H)		TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE		
	1.	Total Prevention/Treatment Programs (pursuant to 59.06 (h), (I), (j):	\$	_
	2.	Total Financial Assistance (pursuant to Articles 59.06 (n) and (o)):	\$	_
		TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE (pursuant to Articles 59.06 (h), (I), (j), (n), (o)):		\$
I)		FACILITY COSTS		
	1.	Building Purchase:	\$	_
	2.	Lease Payments:	\$	_
	3.	Remodeling:	\$	_
	4.	Maintenance Costs:	\$	_
	5.	Utilities:	\$	_
	6.	Other (Provide Detail on Additional Sheet):	\$	_
		TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:		\$
J)		MISCELLANEOUS FEES		
J)	1.	MISCELLANEOUS FEES Court Costs:	\$	
J)	1.		\$	
J)		Court Costs:		- -
J)	2.	Court Costs: Filing Fees:	\$	- - -
J)	2.	Court Costs: Filing Fees: Insurance:	\$	- - -
J)	2. 3. 4.	Court Costs: Filing Fees: Insurance: Witness Fees:	\$ \$ \$	- - - -
Л)	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees:	\$ \$ \$	- - - - - - - s
л	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees: Other (Provide Detail on Additional Sheet):	\$ \$ \$	- - - - - - - - -
J) K)	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees: Other (Provide Detail on Additional Sheet):	\$ \$ \$	- - - - - s
	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees: Other (Provide Detail on Additional Sheet): TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:	\$ \$ \$	
	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees: Other (Provide Detail on Additional Sheet): TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:	\$ \$ \$	
К)	2. 3. 4. 5.	Court Costs: Filing Fees: Insurance: Witness Fees: Audit Costs and Fees: Other (Provide Detail on Additional Sheet): TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS: PAID TO OR SHARED WITH COOPERATING AGENCY: TOTAL OTHER PAID OUT OF CHAPTER 59 FUNDS (provide detailed)	\$ \$ \$	\$

NOTE: If you are governed by a Commissioners Court or a City Council, BOTH CERTIFICATIONS MUST BE COMPLETED. Otherwise, please complete the Agency Head Certification.

CERTIFICATION

I swear or affirm that the Commissioners Court or City Council has conducted the audit required by Article 59.06 of the Code of Criminal Procedure, unless after due inquiry, it has been determined that no accounts, funds or other property pursuant to Chapter 59 of the Code of Criminal Procedure are being held or have been transacted in the relevant fiscal year by the agency for which this report is being completed, and that upon diligent inspection of all relevant documents and supporting materials, I believe that this asset forfeiture report is true and correct and contains all of the required information.

COUNTY JUDGE, MAYOR or CITY MANAGER (Printed Name):	
SIGNATURE:	
DATE:	
<u>AG</u>	ENCY HEAD CERTIFICATION
expenditure of all proceeds and property sub inspection of all relevant documents and sur all information required by Article 59.06	ry, that I have accounted for the seizure, forfeiture, receipt, and specific oject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent opporting materials, this asset forfeiture report is true and correct and contains of the Code of Criminal Procedure. I further swear or affirm that all nd proper, and made in accordance with Texas law.
SIGNATURE:	
DATE:	
RETURN COMPLETED FORM TO:	Office of the Attorney General Criminal Prosecutions Division P.O. Box 12548 Austin, TX 78711-2548 Attn: Kent Richardson (512)936-1348 kent.richardson@oag.state.tx.us

WE CANNOT ACCEPT FAXED OR EMAILED COPIES. PLEASE MAIL THE SIGNED, ORIGINAL DOCUMENT TO OUR OFFICE AT THE ADDRESS ABOVE.